

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/06/05</u>		2 Serial/Patent # <u>09/461,829</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/> Filing			\$								
<input type="checkbox"/> Amendment			\$								
<input checked="" type="checkbox"/> Extension of Time		9/14/05	\$ 1020								
<input type="checkbox"/> Notice of Appeal/Appeal			\$								
<input type="checkbox"/> Petition			\$								
<input type="checkbox"/> Issue			\$								
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/> Maintenance			\$								
<input type="checkbox"/> Assignment			\$								
<input type="checkbox"/> Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ 1620							
		8 TO BE REFUNDED BY:									
		<input type="checkbox"/> Treasury Check									
		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table>			1	0	--	0	7	5	0
1	0	--	0	7	5	0					
10 REASON:											
<input type="checkbox"/> Overpayment											
<input type="checkbox"/> Duplicate Payment											
<input checked="" type="checkbox"/> No Fee Due (Explanation):											
<div style="font-size: 1.2em; font-family: cursive;">Can't pay EOT after maximum extendable period.</div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Eleanor S Willis</u>			TITLE: <u>Pet Atty</u>								
SIGNATURE: <u>Eleanor S Willis</u>			PHONE: <u>272-3230</u>								
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>[Signature]</i></u>			DATE: <u>11/8/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Robert-Jan Enzerink et al

Serial No.: 09/461,829

Art Unit: 3738

Filed : December 15, 1999

Examiner: Brian E. Pellegrino

For : GRAFT MATERIAL CONVENIENCE PACKAGE



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

September 12, 2005

(Date of Deposit)

E. Richard Skula

(Name of applicant, assignee, or Registered Representative)

A handwritten signature in dark ink, appearing to read "E. Richard Skula", written over a horizontal line.

(Signature)

September 12, 2005

(Date of Signature)

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**PETITION FOR EXTENSION OF TIME
AND AUTHORIZATION TO CHARGE
DEPOSIT ACCOUNT THEREFOR**

Dear Sir:

Applicant petitions the Commissioner of Patents and Trademarks to extend the time for response to the Office Action dated February 24, 2005 for three (3) months from May 24, 2005 to August 24, 2005.

Please charge Deposit Account No. 10-0750/DEP0371/ERS in the name of Johnson & Johnson for the cost of filing this Petition and any additional fees that may be due. Three copies of this Petition are enclosed.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "E. Richard Skula", written over a horizontal line.

E. Richard Skula
Reg. No. 31,061
Attorney for Applicant

9/15/2005 MBIZUNES 00000023 100750 09461829

2 FC:1253 1020.00 DA

Adjustment date: 11/08/2005 AKELLEY
09/15/2005 MBIZUNES 00000023 100750 09461829
02 FC:1253 1020.00 CR

Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003
(732) 524-2718
DATE: September 12, 2005